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### Health Industry Labor Report; Series I; File 83

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# #83 HEALTH INDUSTRY LABOR REPORT

JKH  
APR 17 1989

STATE OF NEW YORK - DEPARTMENT OF HEALTH

## INTEROFFICE MEMORANDUM

TO: Labor-Health Industry Task Force Member  
FROM: Edward S. Salsberg, <sup>43</sup>Director  
Bureau of Health Resources Development  
SUBJECT: Status Report on Implementation Activities  
DATE: April 13, 1989

The status report on implementation activities was inadvertently left out of the mailing of the Task Force Final Report. I apologize for any inconvenience this may have caused and have enclosed a copy of the status report with this memorandum.

Enclosure

# #83 HEALTH INDUSTRY LABOR REPORT

April 5, 1989

Labor Shortages Initiatives  
Status Report - April 1989  
New York State Department of Health

The following provides a brief summary of some of the activities under way within New York State to implement the recommendations of the Labor-Health Industry Task Force on Health Personnel.

I. Improve Working Conditions and Compensation for Shortage Occupations

▪ Increases in Health Facility Reimbursement Rates

The 1989 health facility reimbursement rates for hospitals, nursing homes, home health agencies and diagnostic and treatment centers were adjusted upward to reflect higher labor costs. In addition, these health facility rates will be adjusted to reflect higher nursing costs incurred in 1988. In total, an estimated \$400 million dollars will go to health facilities for higher personnel costs.

▪ Increases in Wages for Home Health Workers

The Task Force specifically noted the need for improved wages for home health workers. Personal care workers have received a major increase in salary and benefits, as have home health workers.

▪ Health Industry Actions

Health facilities across the state are providing improved working conditions and benefits - particularly for workers in shortage occupations. There appears to have been a significant expansion in such benefits as day care services, flexible hours, progressive educational leave policies, particularly for nurses.

▪ Budget Request for Medicaid Rate Adjustments for Health Personnel

The Governor has requested \$4.5 million in state funds to cover the state's share of rate adjustments for certain activities designed to address the shortage. Rate adjustments through expedited rate appeals would be allowed for net losses for day care for children of patient care workers.

# #83 HEALTH INDUSTRY LABOR REPORT

## II. Support for Career Ladders and Mobility

### ▪ DOH/DOL Health Worker Training Initiative

State funds are supporting 10 model projects training over 300 entry level workers into skilled shortage occupations. With additional support from other sources such as from health worker unions and foundations, several hundred additional workers should be in training programs by the end of 1989. Key elements include:

- paid educational release time and part time work;
- educational flexibility;
- increased educational support;
- expanded use of competency based testing;
- service commitment;
- new cooperation between health and educational facilities.

### ▪ Ladders in Nursing Careers (LINC's)

Sponsored by the Greater New York Hospital Association using the DOH/DOL Health Worker Training Initiative model, a consortium of hospitals, nursing homes and nursing schools in each borough of New York City have been established to support the training of nurses aides and LPNs to become registered nurses. Funding comes from a number of sources including the DOH/DOL initiative, foundations, hospitals and unions. There are 55 enrollees from the Bronx; other boroughs will start in the fall and winter of 1989. The goal is 300 enrollees by the end of the year. Greater New York Hospital Association is exploring development of classes for the several hundred other entry-level workers who did not meet the nursing school entry requirements.

### ▪ New York City Health & Hospitals Corporation/DC-37 and League of Voluntary Hospitals and Homes/1199

Both pairs of provider organizations and unions receive state funding for upgrading but have also established several other programs that support training and educational opportunities for hundreds of workers. The Health and Hospitals Corporation, for example, has provided entry-level jobs and part-time paid leave for foreign trained Hispanic nurses to study for the nurse licensing and English competency exams.

### ▪ Rate Appeals

The budget request for the state's share of Medicaid mentioned above, would include rate appeals for tuition, temporary replacement staff and other costs for training of existing entry-level workers into shortage occupations.

# #83 HEALTH INDUSTRY LABOR REPORT

## III. Make More Effective Use of the Existing Work Force

- Encouraging Demonstrations of Innovations in the Use of Workers

The Department of Health is encouraging proposals to test approaches to making more effective use of workers. The United Hospital Fund and the Aaron Diamond Foundation are supporting five projects looking at alternative nursing utilization strategies, including advanced nurses aides and other support staff. The Health and Hospitals Corporation is training and using medical/ surgical technicians to assist with patient care. Numerous hospitals are exploring other categories of workers.

- Encouraging Research and Studies

The Department of Health is encouraging research and studies which could identify ways to reduce paperwork and documentation and other strategies to make more effective use of nurses. The Department is working with researchers at the NYU School of Nursing, Presbyterian Hospital and Buffalo Schools of Medicine and Nursing to identify sources of funding for research proposals developed in consultation with the Department of Health.

## IV. Encouraging New Entrants

- Health Career Oriented High Schools

The Departments of Health and Education are establishing 12 programs around the state to prepare high school students to enter post-secondary schools of allied health and nursing. The program includes: a revised and enriched curriculum in math, science, and health careers; a linkage with a college with programs in allied health and nursing; and mentorships and structured work experiences in health facilities. Numerous hospitals around the state are also considering "adopt a high school" type programs.

- Summer Work Experiences for Youth

During summer of 1988, the Departments of Health and Education established a "pipelines" program to provide 100 high school students with a residential program that includes enriched education and structured work experiences. In New York City, the Health and Hospitals Corporation provided summer jobs and orientation to health careers to 600 high school students. For 1989, plans are underway to provide an several hundred additional jobs in municipal and voluntary hospitals in New York City.

# #83 HEALTH INDUSTRY LABOR REPORT

- JTPA Linkages and Welfare Reform Support

The state is exploring the use of federal and state job training funds to support training of health workers. Presentations have been made to local agencies to promote health careers. One goal is the development of a continuum of training and support and encouraging local agencies in order to support training in health occupations.

- Expanding Educational Capacity

The Department of Health is working with SUNY, CUNY and independent schools to explore approaches and support for expansion of programs in shortage occupations. In some areas of the state, hospitals are supporting additional faculty or providing student scholarships in nursing in order to support an increased supply.

- Marketing Health Careers

Several hospital associations are aggressively pursuing marketing of health careers. The League of Voluntary Hospitals and Homes in New York City is establishing a Health Care Careers Center; the Westchester Hospital Consortium has developed a nursing resource center and a campaign to market nursing careers, including videos and programs with high schools and nursing schools. The Central New York Hospital Association has also developed a nurse recruiting campaign, including a video. Numerous health facilities and organizations have developed videos, printed materials, and television advertisements. These have generally focused on nursing.

- Scholarship Expansion

The State Health Service Corps was expanded in 1988 to include midwives as an eligible occupation and placement in community health centers. The SED Professional Opportunity Scholarships for minorities and the economically disadvantaged studying in licensed professions was increased from 15 to 220 in 1988.

## V. Other Activities

- A number of special studies and projects are underway within the Health Department. This includes studies on shortages of laboratory and radiologic workers. In addition, a workgroup on AIDS health personnel issues has been established to review workforce needs for HIV/AIDS patients.
- Interagency Health Personnel Committee - The Department of Health has established an interagency committee to coordinate state programs and activities, including data collection.

# #83 HEALTH INDUSTRY LABOR REPORT



COLLEGE OF NURSING  
OFFICE OF THE DEAN

April 26, 1988

TO: Dr. Juanita Hunter  
Associate Professor  
SUNY, Buffalo

FROM: Rita Reis Wieczorek, Ed.D., R.N., FAAN  
Dean and Professor

RE: TESTIMONY

Report of the New York State Health Department:  
Labor-Health Industry Task Force on Health Personnel

Enclosed is a copy of the testimony I gave in New York City on April 22, 1988 in reference to the New York State Health Department: Labor-Health Industry Task Force on Health Personnel. Please read the testimony and feel free to call me with any questions you may have. There are five hearings taking place in New York State. I have heard that they are planning to have an additional hearing in Brooklyn. If this happens I will testify in Brooklyn as well.

RRW:cf  
Enclosures

## TESTIMONY

Report of the New York State Health Department: Labor-Health  
Industry Task Force on Health Personnel

## REVIEW AND COMMENTS

BY

Rita Reis Wieczorek, Ed.D., R.N., F.A.A.N.  
Dean and Professor  
College of Nursing  
State University of New York  
Health Science Center at Brooklyn  
450 Clarkson Avenue - Box #22  
Brooklyn, New York 11203

Prepared for public hearing on April 22, 1988  
Lenox Hill Hospital Auditorium  
76th Street and Lexington Avenue  
New York, N.Y. 10021



# #83 HEALTH INDUSTRY LABOR REPORT

## GENERAL BACKGROUND

The New York State Labor-Health Industry Task Force on Health Personnel was established by Dr. David Axelrod, Commissioner of Health, to examine the supply of health care personnel in New York State currently and through the year 2000. This was a very broad charge and representatives were selected from groups such as health provider associations, health insurers, health agencies and the business community. Because the nursing shortage became very acute the Task Force changed direction and nursing became the central focus of the study. While I am in agreement with this change, there was a problem in my opinion about the composition of the Task Force membership. I believe that once the charge was refocused more representation from the nursing community should have been sought both in and out of New York State.

The New York State Nurses Association was represented on the Task Force group and five of the sub-committee groups. However, I believe the group should have been from a broader based representation of nurses from around the state and also from leaders representing national nursing organizations such as the National League for Nursing (NLN), the American Association of Colleges of Nursing (AACN), and the American Organization of Nurse Executives (AONE), as well as other state groups such as the New York State Council of Deans and the Greater New York Association of Deans and Directors.

I have divided my response into two categories: areas of agreement and areas of concern. The following areas I am in complete agreement with and I applaud the direction of the following recommendations:

## COMPENSATION

Nurses should be paid more for what they are doing and their salary scale should give recognition to the value of experience, advanced educational preparation and strategies commonly used by professionals to keep their practice current e.g., continuing education.

## SCHOLARSHIPS

The Task Force Report has recommended increased state funds for basic and graduate nursing education. I think that as acuity levels increase in the acute care setting post DRG implementation, it only makes sense for nurses to have a need for advancing themselves educationally for the complex nursing care so badly needed in the health care industry.

## PENSION AND BENEFITS

The recommendation for a portable pension system for nurses in practice is very important. Nurse educators have had TIAA/CREF benefits for over 20 years. This enables them to move from institution to institution without the loss of accumulation of benefits needed for advancement and retirement. It is time for institutions to do the same thing for nurses working in the practice settings delivering the hands on care for patients. Although, in New York State benefits are transferable among V.A. hospitals and HHC hospitals, in general there are many institutions that have no pension and/or benefit system that moves with the employee who wishes to change jobs.

## PRESCRIPTION PRIVILEGE

This is very important to nurses in New York State. I am a former member of the Board of Directors of the New York State Nurses Association and this has long been on the agenda as a need in our state. I think consumers will benefit greatly from the expansion of nursing practice into this area. It is a cost-effective alternative that should be available for consumers so a choice can be made by individuals. Nurses have always educated patients about medications including the method of ingestion, the properties of the drug, the basic way the drug works in the body and the possible side effects that might occur. One area of concern is also the possibilities of drug interaction. Since we live in a drug orientated society this area is an important aspect of the teaching process.

## AREAS OF CONCERN

The following recommendations, I think need to have considerable input by nurse practitioners and nurse leaders before a move for their implementation. I think other representatives from the health care system are needed too but the leadership in New York State must understand that for change to take place in nursing, nurses must be involved in it to be committed to it and for the change to take place in a positive manner.

## REASSESSMENT OF PRACTICE ACT

Nurses Practice Acts are designed to protect the health of the public and to specifically spell out the parameters (scope) of the actual job. Nursing "business" belongs to nurses the same way the medical "business" belongs to physicians. It is not appropriate for other than nurses to change their own practice act. Hospitals or other health agencies should not challenge the authority of nurses over their own practice act.



# #83 HEALTH INDUSTRY LABOR REPORT

I also speak against any recommendation that would allow or encourage the sunseting of the nurse practice act. This has been done in some other states and the effect has been devastating and demoralizing to nurses and the consumers in the state. It should be known that any movement in this direction will provoke nurses and will only lead to nurses seeking positions in other areas outside of nursing and/or to practice outside of New York State.

## JOB REDESIGN

The Task Force recommends "flexibility" in job design and the utilization of health personnel. I am in total opposition to allowing institutions to determine the scope of practice of licensed health care workers without reference to their licensure in New York State and their educational qualifications. Any attempt toward institutional licensure will be fought by nurses as individuals and through their professional organizations. I also see this as an attempt to provide a short sighted, quick fix solution to a problem that will be detrimental to nurses and to patients. Nurses will not allow this in the same way as they will not be forced to practice in unsafe situations. The Taylor Laws have not stopped nurses from striking when they think their practice has been severely compromised.

## EDUCATIONAL AND CREDENTIALING BIAS

The Task Force insinuates that educational requirements and professional credentialing are barriers to health careers. However educational credentialing mechanisms have been established to protect the public (the patient), to establish a standard of practice and to promote high quality of care. In my opinion, it is ridiculous to suggest that qualifications should be downgraded so that more bodies can be assigned to do the nursing job. Nursing is the only profession in the health care arena that does not require a baccalaureate degree. Please help support nurses struggle over the past 20 years and support entry legislation. Certainly New York State should be a leader in this area. Nurses need more education not less. Let those who think otherwise have to deal with real life situations and nurses who lack the ability and clinical judgments that can come only through baccalaureate and advanced education and good nursing experience. I do not believe that career tracks should be established where health care paraprofessional, such as nurse aides, should be encouraged to move up the ladder in nursing to the highest levels because there are too many basic deficits.

Nursing through its' State Board for Nursing has a national licensure examination used by all states which assures safety standards for nursing practice. This is important to the nurse and to the consumer. It also allows for a nurse to move from state to state and practice with a consistent standard.

Educational mobility should be facilitated between diploma and associate degree programs and baccalaureate programs in nursing and from that program into graduate nursing education. This is important to the nurse, to the consumer and to the health care delivery system.

In summary, I speak for the positive recommendations from this report associated with wages, benefits, scholarship and recruitment efforts in nursing and against any attempts for institutional licensure, sunseting the nurse practice act and placing unqualified persons without education and/or licensure into a nursing career. Thank you for the opportunity to share my thoughts with you and I hope that they will be considered in the final report.

# #83 HEALTH INDUSTRY LABOR REPORT

Yael Jane Hering

In Anne Osborne Pleasant Parenthood

Theraville, Susan - ERIC Co. BOCES

plan for support for LPNs

Charles Beaumont Med. Pers. Dir.

recommends core curriculum for home care workers approved by  
NYS Health Dept. State Ed.

Neena Brent Green Mary

facilitate

A

Both Books in Higher Ed

action 4000 LPs in NY

Margaret Mary Wagner - NYS Health Facilitator

Previous Study in 1981 not

change curriculum change

implemented

Pass through

Allow facilities to appeal to Medicare

Mary Kirk

concern of concern

1987 - states mandated for nurse aide training

complex and well thought out

only 50% retention of

current nurse aides for unemployed or on public assistance

RN situation in LTC critical situation

very long must be addressed - patient survey in demoralizing to RNs

survey placed in demoralizing

Montgomery State Health Services Planning Council

Concern of local health care issues

supply of health personnel not meeting demand

# #83 HEALTH INDUSTRY & ABOR REPORT

major barrier to health of Africa is lack of resources by states in

health health care

lack of appropriate development efforts

Algeria, Senegal

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# #83 HEALTH INDUSTRY LABOR REPORT

BUFFALO PUBLIC HEARING  
May 6, 1988 10:30 - 3:00

NAME	AFFILIATION
10:35 AM Ericson, Dudley	HANYS
10:42 AM Tortorici, Robert	VNA of Rochester
10:45 AM Geborne, Joanne	Planned Parenthood
10:55 AM Hunter, Juanita	NYSNA
11:03 AM Pawlak, Claudia	NYS Soc. for Resp. Care
11:10 AM Uschold, George	UR Rad'n Ther. Technol. School
11:17 AM Gaucher, Julie	Assoc. for Medical Technol.
11:24 AM Blauville, Susan	Erie Co. BOCES Nursing Inst.
11:31 AM Cushman, J./S. Beaumont	Medical Personnel Pool
11:38 AM MacIsaac, Ann	Nurse Prac. Assoc. of WNY
11:45 AM Wagner, Margaret Mary	NYS Health Facilities Assoc.
11:52 AM Klink, Mary	Presbyterian Homes of WNY
11:59 AM Abramowitz, Morton	SHRPO
12:06 PM Mann, Mary	NYS Speech-Lang.-Hearing Assoc
12:13 PM Burnette, Georgia	Prof. Nurses Assoc.
12:20 PM Gillick, William	Arnold Gregory Mem. Hospital
12:27 PM Williams, Dorothy	NYS Assoc. of Nurse Anesth.
12:34 PM Hoefen, James	Strong Memorial Hospital
12:41 PM Leroy, Donna	Prof. Nurses Assoc. of WNY
12:48 PM Devine, Joseph	RIT Clinical Sciences
12:55 PM Battle, Dolores	NYS Bd. Speech-Lang. Path. & Aud.
01:02 PM Hunt, Susan	NYS Council of Hosp. Pharmacist
01:09 PM Noble, MaryAnne	School of Nursing, SUNYB
01:15 PM Evans, Lynn	no affiliation given
01:23 PM Karocian, Joyce	Coord. Care Managmt Group
01:30 PM Anderson, Mary Jo	NYS Catholic Charities
01:37 PM Byers, Dorothy	NYS Assoc. of Rehab Nurses
01:44 PM Hageran, Paul	D'Youville College
01:51 PM Kossley, Martha	SUNY Buffalo
01:58 PM Neary, Mary Ann	U of Buffalo Sch. of Nsg.
02:05 PM Hayes, Debra	Local 1468 Nurses United CWA
02:12 PM Chelikowsky, Wayne	D'Youville College
02:13 PM Klick, Bob	Dept. of Med. Tech., SUNYB
02:26 PM Cerazolo, Diane	ECMD Buffalo
02:33 PM Ruzby, Judy	Niagra Co. Comm. College
02:40 PM DuBois, Maryetta	Erie Comm. College RN
02:47 PM Brewer, Josie	Prof. Nurses Assoc.

Juanita -

I made comments and  
hope they help. This seems  
to mean "more study" while  
"they" write regulations -

Have nice holiday

Mary

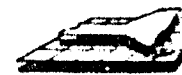
#83 7/6A/11H  
INDUSTRY LABOR  
REPORT

JAN 12 1988

The Knickerbocker News,

1-9-88

## Around The State



### Health agency wants to shift nursing tasks

United Press International  
and The Associated Press

The state Health Department wants to alleviate a nursing shortage that has closed hospital wards by shunting some traditional nursing tasks to nonprofessionals.

The agency has also proposed giving lower-echelon health care workers a shortcut to a nursing degree, by allowing them to take competency exams rather than go to college, members of a health personnel task force said.

But Eric Salsberg, head of the department's Bureau of Health Resources Development, said the agency has shelved its most controversial recommendation to the task force — that the agency be empowered to declare a "health personnel emergency" and direct non-professionals to do jobs now assigned only to registered nurses and other state-licensed health professionals.

Salsberg said the recommendations are aimed at combating a shortage that, according to a department survey of 146 hospitals, has left more than 3,700 nurse slots vacant.

The proposals worry nurses and hospital officials, who say they could jeopardize the quality of health care and cause liability problems.

"We're very concerned about the implications of that," said Mary Traynor of the Hospital Trustees of New York State, particularly since she said the Health Department has also proposed making trustees personally liable for the quality of hospital patient care.

"Those regulations (for nurse education and assignments) have been set in place to protect the public," said Dr. Juanita Hunter, president of the New York State Nurses Association.

Salsberg said the department wants registered nurses freed from doing things such as taking blood samples to labs for testing by using non-professionals such as messengers. He said licensed practical nurses also could take over some RN duties. In turn, he said, the agency wants RNs to assume new duties such as prescribing medication — a task now the exclusive purview of doctors.



# #83 HEALTH INDUSTRY LABOR REPORT

## HEALTH AND LABOR TASK FORCE REPORT

### Recommendations of the Health Personnel Task Force

Draft #3  
December 10, 1987

#### 1. THE HEALTH CARE INDUSTRY WITH THE SUPPORT OF NEW YORK STATE MUST TAKE STEPS TO INCREASE RETENTION OF THE EXISTING WORKFORCE. IN SOME CASES THIS WILL INCLUDE IMPROVED WORKING CONDITIONS AND COMPENSATION.

The market place for both skilled and unskilled workers is becoming more competitive because of demographic changes and the continued growth of the health care industry. It is imperative, therefore, that greater attention be given to retaining the current workforce. Many jobs in the health care field are interesting and rewarding while others offer limited rewards and low pay. There are rewards for caring for others, but there are also many stresses and strains. Some of these relate to operating on a 24 hour basis, meeting urgent and demanding patient needs in life threatening situations and working in complex institutions.

Job satisfaction is critical to any strategy to assure an adequate supply of health workers. Job satisfaction directly affects turnover, worker productivity and effectiveness. High turnover leads to significant additional costs for recruitment and training of new workers. But the need for higher wages and improved working conditions for certain workers is not just an issue of efficiency; it is also an issue of social justice. In general, those occupations with lower wages and poorer working conditions tend to be occupations with a high proportion of females and minorities.

Nurses compensation, particularly for clinical positions for experienced nurses, is not significantly higher than compensation for entry level nurses. The relatively flat salary scale offers little incentive to nurses to stay in patient care services. It is difficult to assess the adequacy or inadequacy of the salary scales for the majority of health occupations because of inadequate information. For certain occupations, such as physical therapy, it is clear that the potential income and increased autonomy of private practice creates a drain on the supply willing to work in health facilities. Additional compensation and benefits are often difficult to develop under reimbursement systems which have been designed to constrain the cost of health services. Government shares the responsibility with the health industry to identify ways to improve salaries and benefits, where needed, and to do so in a manner which minimizes the long term cost impact on the public.

A number of occupations are predominately female, many of whom are single heads of households. The demands of child-rearing make it difficult for these women to work the shifts and hours often required in health care facilities. The current HIV infection epidemic adds one more stress to the workforce. While working in the health care industry has always included the danger of contracting contagious diseases, this epidemic creates new dangers and stresses for health care workers.

(2)

These recommendations, relating to improved working conditions and compensation, are designed to help address short term needs for health workers. They will also improve the attractiveness of health occupations, which is essential to long term recruitment and retention.

#### Recommendations

- A. The industry should take steps to retain experienced clinical nurses and other health professions through increased salaries, improved job design and more flexible scheduling, recognizing their professional status, authority and responsibilities.
- B. Compensation for home care workers must be improved. In addition, the majority of the home care workforce should be full-time, salaried workers with a fringe benefit package that includes major medical health insurance, paid leave for holidays vacations, sick days, a pension plan and overtime pay after 40 hours for all workers.
- C. A series of comparable worth studies of health workers should be undertaken. Based on these studies the industry and the state should be prepared to support revised salary structures commensurate with skills, responsibilities and sufficient to attract an adequate supply of workers in the competitive marketplace.
- D. A pension plan for health workers should be developed much like the New York State Teachers Retirement System, which is cumulative and portable. This would encourage employment longevity within particular institutions as well as the health care industry at large.
- E. The health care industry must design creative programs and benefits for workers. For example, in some areas, such as inner city areas, health facilities individually or in consortium should consider the development of transportation networks and housing for employees.
- F. Programs must be designed to address burnout. Consideration should be given to periodically allowing health workers time away from the job, such as for continuing professional education or even paid sabbaticals.
- G. The health care industry must provide clear, concise, accurate information to health workers on the threat of HIV infection. This information will help to reduce fear based on misinformation as well as reduce the threat of contracting the disease.
- H. Reimbursement for health services should encourage and support adequate compensation and benefits for health workers. The reimbursement system should distinguish between costs due to inefficiencies and those due to reasonable compensation and benefit packages.



# #83 HEALTH INDUSTRY LABOR REPORT

(3)

## NEW YORK STATE AND THE HEALTH CARE INDUSTRY MUST DO MORE TO ENCOURAGE AND SUPPORT CAREER MOBILITY AND CAREER LADDERS.

Comprehensive programs to facilitate career mobility can have a significant positive impact on both recruitment and retention. A program that builds on the existing workforce not only offers a medium range strategy to increase the availability of skilled workers, it also has the potential to make entry-level and mid-level positions more attractive. An effective career mobility program requires the cooperation of the state, the health care industry and the educational sector.

Addressing shortages in highly skilled positions requires lead time for education and training as well as programs to provide the necessary education and training. The existing labor force offers a pool of workers that is knowledgeable, experienced and has demonstrated its commitment to caring for others. The target population for additional training should include almost all paraprofessionals and entry level positions such as aides, orderlies, food service workers and other support staff a group of which is large relative to the numbers of more highly skilled workers. A truly effective the career mobility program must also offer opportunities for mid-level practitioners to advance to more skilled positions.

To design an effective program of career ladders and career mobility there must be manageable steps, in terms of job responsibilities, salaries and the educational system. Health workers must have access to and support for the education and training necessary for career mobility. This will be facilitated if educational institutions give recognition and credit to demonstrated experience through methods such as challenge exams.

There are many skilled, committed and knowledgeable health workers locked into dead end positions. This is largely due to educational and professional licensure requirements for higher level occupations, as well as a lack of time and resources for individuals to obtain additional required training and education. Obtaining additional education can be a major barrier for low income individuals, workers with an inadequate high school education and workers with family responsibilities (particularly single parents). Health facilities faced with tight budgets and staffing shortages often find it difficult to pay for education and allow educational leave with pay—the very benefits that health workers would need to access educational programs.

There are limited education programs for mid-level practitioners such as therapy aides. These occupations are not effectively used in the health care industry, limiting career mobility as a method of increasing the supply of therapists and other occupations. For many occupations, there are few opportunities for advancement or lateral movement. Education, training and experience gained by mid-level health practitioners are often not formally recognized by educational institutions or employers. In many areas of the state, low cost, evening or weekend programs are not readily available to the existing workforce.

(4)

## Recommendations

- A. New York State, the health care industry and its unions should establish career mobility programs that:
  1. Encourage and financially support the training and upgrading of the existing workforce.
  2. Establish linkages between health facilities and educational institutions to develop programs tailored to the needs of the existing workforce. These should provide classes at the work site, allow time and leave with pay for education and training, and grant credit for demonstrated skills and experience.
  3. Provide services such as day care, transportation and counseling designed as central components of education programs for entry level workers to advance to more skilled positions.
  4. Offer joint scholarships for employees seeking to advance to mid-level occupations or seeking to advance from mid-level to higher level positions. These scholarships should include a service obligation to the facilities providing the scholarships.
  5. Salary increases provide an incentives to employees to obtain additional education and training.
- B. Educational institutions and the State Education Department must do more to support the development of career ladders, including:
  1. Assuring a continuum between education at different levels within a single occupation or profession;
  2. Developing programs for multi-skilled workers who have received comprehensive basic training in programs or on the job and can move among occupations with a limited additional training;
  3. Facilitating lateral career moves through tailored training programs which recognize of prior experience and demonstrated skills;
  4. Increasing efforts to assess and measure skills and knowledge learned on the job including through challenge exams.

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## III. NEW YORK STATE AND THE HEALTH CARE INDUSTRY MUST ENCOURAGE AND SUPPORT MORE EFFECTIVE AND CREATIVE USE OF THE EXISTING HEALTH LABOR FORCE.

Given the current and anticipated shortage of health personnel, the health care system must make more effective use of the existing workforce. It is essential to reduce unnecessary barriers to the effective use of health personnel, to reduce unnecessary administrative activities and paperwork and to assure that health personnel spend the majority of time in activities for which they were trained. We must challenge individuals to use their skills and educations to the utmost by assuring the availability of support staff. Steps to make more effective use of the workforce will also make health careers more attractive and facilitate both recruitment and retention.

The growing crisis in the availability of health workers also forces us to reassess how we are organized to deliver services and how we organize jobs. Much of the current organization of services and jobs reflects history and tradition as embodied in statute, regulations, professional requirements, and union and industry requirements and public expectations. We can no longer assume that there will be enough health personnel in the future to continue to operate in the same way. To address issues of job satisfaction and professional recognition, the health care sector will have to make changes in the design of positions with particular reference to duties, responsibilities, supervisory relationships, teamwork and role differentiation to improve the quality of the work environment and stabilize employment.

It is critical that an adequate number of ancillary staff be available to support health professionals and reduce time spent in non-professional support duties and information processing. There is potential, for some types of technology to increase the productivity and effectiveness of the existing labor force, including bedside computers, electronic charting, and technology that assists in diagnosis, and advances in scheduling and communications.

Many patients and their families are interested and capable of participating more in the care of the patient. The health care system is not designed to support the involvement of the individual patient and their family. Programs such as the Cooperative Care Program at New York University Hospital have demonstrated that involvement of patients and their families can be extremely helpful to patients and can simultaneously make more effective use of the available personnel. The current employment of health personnel reflects the needs of the health industry as much as the needs and structure of the patient. It is essential that we assess new organizational structures that have the potential to make more effective use of the available health personnel.

### Recommendations

- A. New York State should establish a job redesign program that allows the health care industry (labor, management, and professional associations) in close cooperation with the State Health and Education Departments to innovatively solve its own human resource problems. To begin this innovation, an advisory panel of the labor and industry representatives,

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led by the Department of Health, should be established. The program will include the following:

1. An industry-wide RFP for funding up to 25 projects for six month planning grants to develop proposals for job redesign indicating differences from current job arrangements and staffing patterns, labor management cooperation and potential implications for current regulations;
3. Review of Proposals by an advisory panel with representatives of the labor, industry, professional associations, as well as the Departments of Health and Education; up to 20 plans would be approved based on written proposals and meetings. Funding would be a combination of reimbursement changes, if required, and/or grant funds.
4. Monitoring of the progress of the projects by the advisory panel with attention paid to dissemination of the results.
- B. New York State should periodically reassess job requirements, scope of practice requirements and other regulations which may be barriers to the efficient and effective use of health professionals. This should begin with a review in 1988. Requirements and mandates for health occupations credentials that are not essential to job performance, patient protection or quality of care should be eliminated.
- C. All future increases or additions to state standards for licensures or credentials should require an impact study before they could be implemented. Each study would require the following:
  - o the reason for the change and the extent to which it will serve the public interest;
  - o the cost of implementation;
  - o the effect it will have on the production and supply of health personnel with particular attention to access by low income and minority individuals.
- D. Assure adequate technical and staff support for the professional activities of direct caregivers. The State and the Health Industry should:
  1. Expand the availability of ancillary support staff.
  2. Encourage the education and use of additional mid-level practitioners and technicians to work with professionals to assume responsibility for activities requiring less skill or knowledge.
  3. Support the use of education of mid-level practitioners:
    - a. Constraints on the use of physical therapy assistants, occupational therapy assistants, pharmacy assistants and LPNs

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that unnecessarily and inappropriately limit their scope of practice should be removed.

The number of available training programs for mid-level practitioners needs to be significantly expanded. The state should explore the development of new mid-level positions and entry level positions for technicians in occupations for which there are significant shortages.

- E. Establish a program of grants to support the development and evaluation of new technologies that have the potential to improve the productivity and effectiveness of the existing health workforce. This should include support of the dissemination of technology to the health industry.
- F. Establish greater uniformity and transferability among positions within the health care field; nurses aides home health aids home attendants and personal care workers all provide similar services but receive different salaries and fringe benefits. Greater uniformity of benefits and training requirements would facilitate transferability and flexibility in meeting future health needs.
- G. Allow patients and their families the opportunity to become more involved and knowledgeable in patient care. Technology which permits greater patient involvement should be encouraged. New York State should remove any unnecessary or artificial barriers that discourage greater patient or family participation.
- H. The state and the health care industry need to review the basic organization of services and to promote new organizational structures which can more effectively use the available pool of health personnel, such as congregate housing, adult homes, continuing care retirement communities or day hospitals.

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## IV. NEW YORK STATE MUST TAKE IMMEDIATE STEPS TO ENCOURAGE AND INCREASE THE NUMBER OF ENTRANTS INTO THE HEALTH CARE WORKFORCE.

In the long run, if the health care industry is to have an adequate supply of workers they must more aggressively recruit new workers and design programs to encourage people to enter the health care industry. This will be facilitated if the recommendations made earlier regarding improved working conditions, the establishment of career ladders and the redesign of jobs are implemented. Any effort to market health careers and facilitate entry into health occupations depends to a large extent on the effectiveness of other changes in the health care delivery system.

~~There are many significant barriers to health careers.~~ While there are many excellent career opportunities in the health care field, many people, particularly young people, are unaware of these opportunities. In some cases, this reflects the limited number of guidance counselors or limited knowledge on the part of guidance counselors as to opportunities in health care. Many youth, particularly inner city youth, have had only limited, if any, opportunity to be exposed to different professional career opportunities. Poor high school performance also discourage many inner city youth from considering health occupations. The basic failure of the public education system in many of our communities to educate and prepare their graduates presents significant problems for the health industry.

Economic, social and structural barriers prevent people from entering the health field. These barriers must be overcome if we are to encourage people to enter health care occupations. Generally, minorities are significantly under-represented in the more skilled, higher-paying positions. Current training programs for public assistance recipients and others are often geared to dead end jobs and are not career oriented. Tuition costs at private schools many exceed \$10,000 per year, further exclude low and moderate income New Yorkers.

Even where programs are accessible and affordable, many health occupations have poor public images. In some cases this reflects the reality of long hours and hard work. Fear of HIV infection may also deter some young people from entering the health field.

For a number of professions, shortages appear to be due to an insufficient number of acceptances into educational programs rather than insufficient interest on the part of qualified applicants. This includes PTs, OTs and PAs. There appear to be several reasons for the failure of the educational system to respond to public needs, including professional interests; shortages of faculty; tight educational budgets; and a lack of hard information on future health system needs. Despite shortages, there are many areas of the state, with few if any evening or public educational programs for OTs, PTs, OTAs, PTAs, PAs, Pharmacy or Respiratory Therapy.

At the same time many health facilities have been actively recruiting health personnel from foreign countries. While this can help address immediate needs, relying on immigration has a number of negative



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consequences: it diverts attention and support from efforts to expand the number of entrants from the U.S.; and language barriers and differences in training and practice standards can create problems for providers and failure to qualify for permanent New York State license.

## Recommendations

A. New York State should immediately undertake an education and marketing campaign to encourage more people to enter the health field. This should include the following:

1. Establishment of a career opportunities and information program targeted to junior high and high school students, teachers, guidance counselors and school boards. The health career opportunities information program should include a number of components:
  - a. The offering of new high school based training and education curriculum for entry level health positions, such as Licensed Practical Nurses, medical technicians and nurses aides. In some cases, this may mean extending the period of high school education and may involve cooperative arrangements with community colleges. This program should include work experience with stipends for the high school students; and salaries for those in programs beyond the normal period of high school.
  - b. The provision of education and information to youth on opportunities in the health care field and educational requirements for different health occupations and professions. This would include brochures and videos for high schools and junior high schools and strategies to attract more males into those occupations that have been predominately female.
  - c. Expanded counseling and guidance in high schools either through a major upgrading of the skills and information available to guidance counselors or through a cooperative effort with the Department of Labor or local health facilities.
  - d. The establishment of linkages between junior high schools, high schools and health facilities, including the establishment of part-time jobs, mentorships, stipends and other incentives, health careers fairs and cooperative work programs.
  - e. A major and separate component of this program should concentrate on inner city communities and other areas where the school drop-out rate is high. Special efforts should be made to recruit additional minorities into the health field.
  - f. Modification of the school health education curriculum to provide students with more information in health occupations.

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2. A marketing campaign, in collaboration with appropriate professional and occupational groups, including public service announcements, for the general public to provide them with basic information on opportunities for employment and training in the health field.
3. Expand and target existing programs for public assistance recipients. These programs must include:
  - a. Remedial programs whose singular purpose is to prepare individuals for training and education in health occupations and professions.
  - b. Supportive services for the individuals in these targeted populations must be comprehensive.
  - c. Education and training which will lead to becoming fully qualified in a health occupation.
4. Target recruitment efforts to mature workers; while not all health professions and occupations are appropriate for older workers, many individuals may be interested in a second or third career.
- B. New York State should provide more financial support for students in health careers including the following:
  1. Expand the scope of the State Health Service Corps program to include scholarships to persons willing to work in voluntary, not-for-profit, Article 28 facilities in health professions for which a shortage exists.
  2. Significantly increase the number of Regents Professional Opportunity scholarships available through the State Education Department. Currently there are only 15 awards of up to \$5,000 per year awarded to minorities and the economically disadvantaged for professional health career studies.
  3. Establish a scholarship program for mid-career, mid-life education and training to encourage adults to enter the health care field. Financing should be more generous and flexible to meet the needs of adults with family obligations.
  4. Expand support services for students, particularly adult students seeking to enter the health care field. These services include day care, transportation, counseling and assistance with remedial education.
  5. Develop financial incentives for students not eligible for scholarships.
- C. New York State should encourage the expansion of educational capacity for occupations for which there is a shortage, including:

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1. Short term grants to academic institutions to expand existing program capacity and to develop new programs for health occupations with documented shortages. Grants should cover planning and start up expenses only. At present it is recommended that their grants go to expand educational slots for Physical Therapy, Physical Therapy Assistants, Occupation Therapy, Occupation Therapy Assistants, Physician Assistants, Pharmacists and Pharmacy aides.
  2. Grants to support the development and implementation of innovative faculty development programs at selected institutions to assure an adequate supply of faculty in health occupations with a documented shortage.
- D. Academic institutions across the state, particularly public institutions, should increase their educational programs in health occupations with a documented shortage. This should include:
1. More flexible hours for instruction, including evening and weekend programs;
  2. Additional courses and classes at locations convenient to potential students, including urban and rural high schools and local health institutions;
  3. Increased willingness to give academic credit to life experience and on-the-job experience that can be demonstrated to meet particular program requirements.
- E. New York State must continue to press for affirmative action by health and educational facilities.
- F. New York State should lead the way in exploring incentives through federal and state tax laws and social security regulations to encourage employment in the health care industry.
1. Health care workers, who are predominantly female, should be permitted a higher level of tax deductions for day care for children and elderly dependents.
  2. A reduction in state taxes should be offered to employed persons obtaining additional education and training for beginning or advanced positions in the health care field. The state should actively seek such federal tax changes.
  3. New York State should urge changes in the Social Security Act to permit elderly people who work in the health care field to receive or continue to receive social security benefits for working in health professions with significant shortages.
- G. As a general source of health personnel, immigration should only be continued through 1990. Systems should be developed to assure that before workers immigrate, that they are eligible for New York State licensure.

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## V. NEW YORK STATE AND THE HEALTH CARE INDUSTRY MUST IMMEDIATELY IMPLEMENT A COMPREHENSIVE STRATEGY TO INCREASE THE SUPPLY AND TO MAKE MORE EFFECTIVE USE OF NURSING PERSONNEL.

Nowhere is the concern for the shortage of workers more serious than in the nursing field. While the utilization of nurses continues to rise, interest in nursing as evidenced by enrollment in nursing programs is declining. Nearly 75% of all facilities responding to the task force survey reported serious recruitment and retention problems for nurses. Given the central role that nurses play in patient care in New York State, it is critical that steps be taken as soon as possible to ensure an adequate supply of nurses. Some of the nursing recommendations parallel recommendations in other sections, however, recommendations relating to compensation are included in Section I.

All too often the public is given an image of nursing that focuses on the difficulties and problems, rather than the rewards and benefits. It is important to provide the public with an accurate image and to support people becoming nurses. Salary levels that are not commensurate with responsibilities and authority, and barriers that make it a difficult, time-consuming and costly process for a nurse to advance her career in nursing in a step-wise fashion are additional impediments to attracting and retaining nursing staff. The current shortage of applicants to nursing programs has led to greater flexibility and creativity on the part of some educational institutions. This must be expanded and expedited. Limits to the entry into professional practice tend to decrease supplies. ~~Given the current shortage of nurses, it is not feasible to consider the entry into professional practice as a means of increasing the supply of nurses.~~

### Recommendations

- A. New York State and health facilities should take steps to assure that the education, training and skills of nurses are effectively used by health facilities.
  1. Encourage the use of a primary nursing model and clinical nurse specialists wherever possible.
  2. The Nurse Practice Act should be revised to more clearly define the responsibilities and authority of nurses with advanced training including authority for prescriptive purposes.
  3. Expand the scope of practice of LPNs based on the development of standardized curriculum practices in LPN programs.
  4. Develop patient care methodologies which recognize the unique contribution and the roles of nurses.

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5. Assure that there is adequate support staff so that nurses can devote a greater percentage of their time to providing nursing services.
6. Support the development of technology that assists nurse practice, such as electronic charting devices, etc.
7. Take steps to identify and reduce unnecessary paperwork required of nurses.

B. New York State and the health industry need to encourage more people to enter nursing, including:

1. Develop a public education campaign on the role, opportunities and importance of nursing.
2. Provide additional categories of support for nursing scholarships, including specific scholarships for non-traditional students and career mobility programs; scholarships for nurses' aides and practical nurses, and scholarships for nurses pursuing advanced degrees.
3. Develop positive strategies to provide incentives for part-time nurses to work additional hours.
4. Health facilities and educational institutions need to work together to develop refresher courses to facilitate re-entry into nursing for nurses who have not been involved in patient care but who would be interested in returning. Given the rapid change in technology and patient care, these refresher courses, particularly if combined with improved salaries, may encourage more nurses to become involved in patient care again.
5. Educational institutions must be encouraged to develop more flexible, innovative and accessible programs, such as part-time study, weekend programs and institutional-based cost offerings.
6. Programs should be established to permit liberal arts college graduates to enter the nursing field with appropriate acknowledgment of previous education.
7. Promote flexibility in the hours and benefits for nurses.

C. The State, the health care industry and educational institutions must support and facilitate career mobility within nursing, including:

1. Require educational institutions to have articulation agreements between the different levels of nursing. Where appropriate, the Education Department should establish minimum curriculum requirements which will guarantee that nurses at one level can advance to the next level with a minimum of duplication and unnecessary course work.

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2. Assess and, where appropriate, give credit for previous nursing experience and skills obtained by nurses on the job;
3. Scholarship funds should be available along with extensive support services to facilitate career mobility.

D. The nursing education system must be more responsive to the needs of individuals in the health care industry, including:

1. Development of additional innovative and accessible programs, such as part-time study, weekend programs and institutional based course offerings;
2. Establishment of clinical experiences which incorporate all levels of nursing care, i.e., acute care, home care, long term care, public health and hospital and respite care;
3. Continue to institute collaborative relationships with different types of facilities to provide opportunities for work grant programs, mentor programs and clinical specialty experiences;
4. Development of innovative articulation tracts with other educational programs;
5. Combining recruitment efforts and developing specific curriculum with local health care facilities;
6. Participation in educational health facility and vocational consortium to help market health careers.



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## VI. NEW YORK STATE SHOULD ESTABLISH A HEALTH PROFESSIONS PLANNING PROCESS THAT LINKS HEALTH CARE PLANNING WITH EDUCATIONAL SECTOR DECISION MAKING.

Despite the rapidly changing health delivery system and the growing needs for a health labor workforce, there is no system to assess the current labor force and plan for future needs. In fact, there is little coordination between the health services sector and the educational sector. Given the projected shortages of key health personnel, it is essential that this be addressed. Data collection relating to health personnel is scattered among several agencies with little coordination and with numerous gaps. In developing and monitoring programs, educational institutions receive little or no guidance from the health sector as to current and projected needs. There is no vehicle for communication among health planners, educational planners, health facilities, educational institutions and professional associations.

### Recommendations

- A. Require that the Department of Health issue a bi-annual report to the educational sector and the public on future health personnel needs in New York State. This report should include input from the health industry and the Health Systems Agencies on needs and shortages.
- B. An Inter-Agency steering committee consisting of representatives of the Department of Health, the Education Department, the Labor Department and the State University be established to oversee data collection and state planning and policy development for the health professions.
- C. An advisory committee consisting of representatives of the various components of the health industry, educators of health professionals, health professional organizations and state agencies should meet periodically to review health personnel data, needs and policies.
- D. New York State should develop a more comprehensive data collection system that builds on the current data collected by the Department of Labor, the Education Department and the Health Department and obtain additional data necessary for effective health professions planning.
- E. The Department of Health should establish a Bureau of Health Professions to be the focal point for health professions' planning and policy development within the State.

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Martha L. Orr, MN, RN  
Executive Director



Constituent of The American  
Nurses Association

## NEW YORK STATE NURSES ASSOCIATION 2113 Western Avenue, Guilderland, N.Y. 12084, (518) 456-5371

November 3, 1987

Jean Moore, Director  
State Health Services Corps.  
Bureau of Health Resources  
Corning Tower  
Albany, NY 12237

Dear Ms. Moore:

The New York State Nurses Association has appreciated the opportunity to participate in the activities of the Labor Health Industry Task Force.

NYSNA would like to share with the Department of Health comments and recommendations regarding the recruitment and retention of nurses in New York State. It is the Association's observation that the profession of nursing finds itself in the unique position of being studied at many levels by a variety of governmental and private institutions; being both understood and misinterpreted and, ultimately, receiving a variety of recommendations about the short and long term problems of the profession.

In May, 1987, the New York State Nurses Association brought together approximately eighty nursing leaders in this state from education, administration and practice to address declining enrollments in schools of nursing and an impending nursing shortage of serious dimension. This group focused on strategies to:

1. increase the enrollment and retention in schools of nursing;
2. increase minority recruitment and retention;
3. alter how nurses practice;
4. alter the practice environment for nurses; and
5. influence the image of nursing.

The detailed results of this two day Arden House Conference are published in the enclosed document, "Conference on Recruitment and



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Retention in Nursing" (Attachment I). This distinguished group identified five major goals:

1. implement entry into practice legislation;
2. define and differentiate the roles for two careers in nursing;
3. develop a comprehensive recruitment plan especially targeting non-traditional students, minorities and men;
4. develop mechanisms for control of nursing practice in all health care settings by professional nurses; and
5. seek funding mechanisms to assist in the implementation of all these recommendations.

With these statements as a foundation, the New York State Nurses Association would like to comment, first, on the discussion questions raised by the Nursing Committee; secondly, on the activities of other committees; and finally, on the final report of the Labor Health Industry Task Force.

### NURSING SUBCOMMITTEE

There are seven discussion questions which require comment by this Association.

1. Do curricular practices of nursing programs at different educational levels adequately prepare individuals for their roles in the nursing field?

Perhaps, one of the greatest problems in the nursing profession today is the variety of programs which prepare and educate professional nurses and licensed practical nurses. This is a situation which is expensive and confusing. Preparation of professional nurses in schools outside of colleges and universities is a departure from general policies and standards of education. There is agreement among educators that professional education is the responsibility of universities and graduate schools.

The baccalaureate program, offered by senior colleges and universities, is the only system that can offer the necessary educational preparation for professional nurses to practice in the current and evolving health care system. In an industry that deals with life and well being, it is incongruous to require other major health care professionals to meet the minimum standard of a baccalaureate degree and to require less of the main direct care provider - the professional nurse.

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The associate degree programs, offered in junior and community colleges, were designed to prepare a technical nurse who would assist the professional nurse in carrying out nursing responsibilities. Technical education by its original purpose and limited time frame was not meant to prepare an independent practitioner.

The educational system needs to continue to:

- A. develop innovative accessible programs (e.g., part-time study, weekend programs, and institutional-based course offerings);
  - B. establish clinical experiences which incorporate all levels of nursing care (e.g., acute care, home care, long term care, public health, and hospice/respite care);
  - C. institute collaborative relationships with different types of facilities which provide opportunities for work-grant programs, mentor programs and clinical specialty experiences; and
  - D. define, differentiate and implement programs for the preparation of individuals into the two careers in nursing.
2. What can be done to create a continuum in nursing education which will promote opportunities for career mobility and/or advancement within the nursing field?

New York State should allocate monies to senior colleges and universities for:

- A. the active recruitment of non-traditional students;
- B. the development of flexible curricula and alternative criteria for the nursing major;
- C. the development of innovative articulation tracks with other educational programs; and
- D. combined recruitment efforts and development of specific curricula with local health care facilities (e.g., career/job fairs).

In addition, materials should be developed for distribution to various target populations which clearly explain the various positions available in nursing and the educational requirements and opportunities within the system.

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3. In view of limited resources available to support nursing education, to what types of programs should these resources be directed?

Every study of the nursing shortage underscores the fact that the greatest need in the future will be for baccalaureate and masters prepared nurses. The New York State Nurses Association urges the Nursing Committee and Task Force to consider a recommendation which will provide for intensive funding of individuals pursuing these degrees. This can be accomplished by a combination of scholarships, grant and loan monies.

The State should identify monies for generic baccalaureate students; LPN, AD and diploma nurses articulating into baccalaureate programs; and advanced nursing studies. While articulation programs are necessary and important for the short term staffing crisis, the long term situation requires that New York State commit itself to providing access to baccalaureate education for professional nurses.

The nursing leaders at the Arden House Conference emphasized that the educational preparation for professional nurses in this state must be resolved. This was made a legislative priority by the 1987 NYSNA Voting Body. The New York State Nurses Association strongly recommends that the State Board for Nursing; representatives from nursing administration, education and practice; and other nursing organizations in the state join with us in developing a state plan for standardizing and elevating nursing education to the baccalaureate and associate degree levels. Any short term/long term solution to the nursing shortage which does not include a methodology for addressing the educational preparation for practice will perpetuate the problematic status quo.

4. Are there sufficient statutory and regulatory definitions of the scope of nursing practice which acknowledge differences in levels of education preparation?

New York State has a broadly worded practice act which recognizes nursing as an independent profession and allows for progressive interpretation of scope of practice parameters as the practice itself evolves.

NYSNA would support the development of language which would permit prescriptive privileges for registered professional nurses. The national nursing experience, as documented by the American Nurses' Association, clearly shows that any advanced practice titling protection is ultimately limiting and potentially chaotic.

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The statutory and regulatory language should not address advanced levels of educational preparation or clinical career ladders. These items are issues which are most appropriately addressed by the State Board for Nursing, the profession and the employing health care agency.

NYSNA recommends that the various regulatory state agencies examine, modify and eliminate requirements which are creating burdensome paperwork within nursing services. Agencies should be allowed to establish projects within the nursing service to demonstrate more efficient and less unwieldy methods of providing adequate and appropriate documentation. The nurses of New York State would see this as a very positive response from the state to a current serious impediment to nursing practice.

Regulatory language should be developed which provides for utilization of patient acuity/nursing intensity in determining nurse/patient staffing ratios in health care facilities. There should, also, be requirements for providing sufficient ancillary personnel to relieve nurses of non-nursing functions.

In addition, the Department of Health must examine the process of reporting and investigating which exists under Chapter 340 of the Public Health Law. The Department must develop a written method for advising nurses of the potential outcomes of the investigation which ultimately can impact upon their licenses. The implementation of this one law is creating an atmosphere which will discourage nurses from practicing in residential health care facilities. NYSNA would be glad to work with the Department on this effort.

5. Does the health care industry efficiently and effectively use the existing supply of nurses at different educational levels?

The health industry is experiencing grave difficulties in this area. Some innovative approaches for the industry which NYSNA would support are:

- A. career/clinical advancement pathways with monetary and prestige awards;
- B. employment ventures with local educational institutions which would provide incentives for graduates to elect employment with the facility and remain in the area and state;
- C. the development of performance based job descriptions, evaluations and promotions;
- D. the establishment of collaborative practice committees;

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- E. new demonstrations in scheduling times, job sharing and provision of child care services;
  - F. the development of career plans for nurses, rather than "job" orientations;
  - G. the development of an innovative pension plan which is cumulative and transferable and would encourage employment longevity in both particular institutions and the profession at large; and
  - H. increased financial rewards throughout the nurse's professional career.
6. Should the health care industry be encouraged to modify practice patterns of nurses at different educational levels? If so, what steps should be taken to modify practice patterns of nurses?

The health care industry must modify practice patterns. The Arden House attendees stated that the nursing shortage is based on the confusing role definition of many varied entry levels. The establishment of two clearly defined career pathways, two role definitions and two careers patterns in practice will greatly assist the nursing profession.

In addition, NYSNA recommends:

- A. the development of different nursing care models for community settings and acute care settings with the professional nurse as the case manager;
- B. changing the concept of working within one unit or service to working within the framework of patient needs (e.g., gerontology);
- C. developing technology which is assistive to the nurse's practice (e.g., electronic charting);
- D. fostering private practice models of nursing within the hospital similar to the concept of medical care;
- E. establishing systems which encourage and support nurses to re-enter the industry after a lapse in employment;
- F. establishing salaries for nurses which reflect professional compensation rather than hourly wages (pilot studies may be needed to advance this suggestion);
- G. increasing opportunities for independent and collaborative practice within the facility;



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- H. assisting nurses in developing supervisory skills and understanding the appropriate utilization of auxiliary personnel;
- I. providing sufficient auxiliary personnel to eliminate non-nursing functions from the nurse's daily job design; and
- J. appropriately supervised employment opportunities for nursing students.

## 7. How can career ladders be encouraged?

The basic answer to career ladders is a well-articulated system between nursing education and the health care provider. However, NYSNA must caution the Nursing Committee in this regard. While career ladders will most certainly encourage retention, they are only a small part of a more comprehensive solution. It is this challenge which the Task Force must address or these activities will be only cosmetic and not substantive.

## OTHER TASK FORCE COMMITTEES

### 1. Education/Access/Credentialing

NYSNA will vehemently oppose any demonstration projects which would invalidate the New York State Nurse Practice Act. The Association reminds the Department that practice acts have as their first objective protection of the public. Professional nurses in New York State would react very negatively to any institutional activity which would endanger patients and compromise the practice of nursing. This type of activity could result in more nurses choosing not to practice in this state. NYSNA will urge the Task Force to reject any suggestion for demonstration projects which would support institutional licensure.

### 2. Demand/Requirements

NYSNA hopes that this committee will recognize the overwhelming shortfall which this state faces in the area of baccalaureate and masters prepared nurses. Reliance on ADN programs to feed the pipeline will be short-sighted and disastrous to nursing education in this state.

### 3. Supply and Demographics Committee

NYSNA anticipates that this subcommittee will be able to address the issues of current supply; anticipated demand/supply; current and future demographics; job market factors and anticipated

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uncertainties (e.g., disease exposure, societal career changes and regulatory changes).

## 4. Recruitment/Retention and Job Design

NYSNA suggests that this committee should make recommendations on three levels of need. One level would be the need to recruit individuals directly into the system at the most appropriate career level. The other need would be to provide for career mobility when individuals enter the health care system at one level and wish to advance. The third need is to alter the practice environment for nurses in order to retain them in the system.

## FINAL REPORT OF THE TASK FORCE

In reviewing the draft outline of the final report, the New York State Nurses Association has identified two areas which should be corrected or clarified when the report is written.

First in Section IV on "Supply and Demand," the Department should note that there is only one nursing profession. Secondly, under Section VII on "Nursing Issues," NYSNA would suggest a different listing which would read, "1. Licensed Practical Nurses; 2. Registered Professional Nurses (e.g., BSN, ADN, Diploma); 3. Nurse Specialists (e.g., nurse practitioners, nurse-midwives, nurse anesthetists, and clinical nurse specialists)."

Finally, the New York State Nurses Association suggests that the Task Force staff review the content of the proposed federal legislation, "The Nursing Shortage Reduction Act of 1987 (S. 1402)" (Attachment II). Senator Kennedy has proposed three initiatives which reflect a positive commitment to the current and future nursing shortage problems.

As the NYSNA representative to the Labor Health Industry Task Force, I wish to assure you of my willingness to discuss with you all segments of my comments and to work towards a final report which will be positive and endorsable by this Association.

Sincerely,

Karen A. Ballard, MA, RN  
Director  
Nursing Practice and Services Program

KAB/kac  
Enclosures

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JRH

## A Fractious Coalition

Twenty-one years after its founding, the Black and Puerto Rican Legislative Caucus is divided by differing views on what its role should be in state politics and whose interests it represents.

by Rehka Basu



Earlier this year, the *Albany Times Union* ran a cartoon depicting a black assemblyman in Ku Klux Klan garb, hitching a noose around the neck of the white nominee for state education commissioner, Thomas Sobol.

The portrayal understandably inflamed sentiments among Albany blacks, who picketed the newspaper, calling the cartoon a cruel response to the concerns of the state's Black and Puerto Rican Legislative Caucus over Sobol's appointment. The caucus had questioned whether Sobol, who had run Scarsdale's affluent, white suburban school system, was capable of confronting the problems of inner-city, multi-ethnic schools beset with dropouts, failures, drugs and teenage pregnancies.

Ironically, the *Times Union* cartoon, with what were perceived to be its racist overtones, missed the point raised by critical observers of the caucus, who accuse the organization of minority state legislators not of being too militant but of keeping its battles within such safe limits as to render it largely ineffectual.

Twenty-one years after the formation of the alliance to advocate for the black and Puerto Rican constituents in the

state, the 25-member caucus is still making its often solo voice heard by pushing for greater funding for social programs and taking principled stands on issues of racism. It remains the only coalition of black and Hispanic state legislators in the nation.

Yet internal power struggles, factionalism and differences in philosophy have weakened its effectiveness, according to some critics, with possibly the most damaging fallout being the friction between the black and Hispanic legislators. Some Hispanic legislators and community members go so far as to charge the caucus with serving primarily black interests, often at Hispanics' expense, and there has even been a call for the five Hispanics in the caucus to break away and form their own association.

In the past year, caucus members locked horns over a number of key issues that highlighted the conflict over accommodation versus stridency. In the end, accommodation won out, a hint at some legislators' concern with representing the broader, sometimes divergent interests of those who elected them rather than just minority ones.

And New York City politics have tended to play a disproportionate role in alliances and rifts between caucus members, most of whose constituents are in the city.

A key issue this year was the reappointment of two long-term Regents, Chancellor Martin Barell and Vice Chancellor Carlos Carballada. Black caucus members had mounted a concerted campaign against them, citing spiraling dropout rates and the failures of inner-city schools to educate poor children over the past decade, when the two Regents were firmly in office. In the end, however, all but three of the 16 black Assembly members were placated when the two Regents pledged, in a meeting arranged by Assembly Speaker Melvin Miller, to pay more attention to minority concerns—including in the search for a new education commissioner, which they agreed to extend by a few months.

Just one short month after the March reappointments, the Regents selected Sobol as education commissioner, and several Regents said on television that they hadn't been aware of any commitment made by the Regents to the caucus.

"The caucus voted for them simply because they were led by the nose by Mel Miller," declares Andrew Cooper, publisher of Brooklyn's black weekly newspaper, *The City Sun*, who charges that the caucus is ineffective because its members are not politically independent of Governor Mario Cuomo and Miller, who "has the power of the dollar for them personally."

Speaking specifically of the black caucus members, on whom his attention is focused, Cooper contends that they are not issue-oriented and "reflect their personal turf ambitions."

"They pay absolutely no attention to their constituents or their constituents' needs," he charges, saying they "completely sold out" over the Regents issue.

### A LOOSE BLOC

Caucus members say their two parallel missions are to effect legislative passage of bills affecting minorities and the poor and to serve as a sort of public conscience by speaking out on state and national issues and current events of concern to minorities. The latter function is also intended to result in legislative action, although critics say the caucus has been weakest in following up on those priorities.

In its ability to pass legislation, 20 votes out of 150 in the Assembly and five out of 61 in the Senate (all Democratic) may not be enough to carry a bill, but a solid bloc of support can influence other Democrats on key issues, most observers agree.

"The idea is to vote as a bloc," says caucus Executive Director Carol White. "But it's a loose organization and there is no way to merge 25 members with really disparate constituencies."

Although caucus members boast of a high degree of conformity in voting, on some political matters as critical as electing a black Assembly speaker, there has been little cohesion. During the last session, the caucus leadership and most of its members opted to stay with regional ties and elect Miller, from Brooklyn, rather than black Deputy Assembly Speaker Arthur Eve of Buffalo, a senior caucus member who has played a leadership role in the past, who declared himself a candidate.

"You could see the splits there," says Manhattan Assemblyman Angelo DeToro. "The caucus has 20 votes in the Assembly. That's a formidable base. It's probably more than any candidate started out with."

But, continued the Hispanic assemblyman, who himself voted for Miller, "the Puerto Ricans took their cue from the blacks."

"You can't get to the Puerto Rican community until you (resolve) the

strains within the black community," DeToro says of the caucus' black leadership.

Eve declined to comment on the lack of support for him in the speaker's race, but he did express his displeasure with other caucus members for switching their votes on the Regents reappointments.

"It was very shocking to me," he says. "Very, very disheartening. I had an agreement that (caucus Chairman) Roger Green was going to lead off the debate."

Much of the schism between the blacks and Puerto Ricans resulted from the New York City mayoral campaign in 1985 when blacks withdrew their support from Herman Badillo and backed Manhattan Assemblyman Denny Farrell instead, destroying the minority coalition essential to a minority candidate's success. That resulted in a lasting bitterness on the part of Hispanic legislators, and prompted one Hispanic

**Roger Green (center) leads caucus members into a meeting with Governor Cuomo. Green sees the caucus' mission as working toward full employment, decent health care and housing, rather than just civil rights.**





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senator Olga Mendez of Manhattan, to withdraw from the caucus. Senator Mendez declined to be interviewed for this story.

DeToro says there is a perception among many Hispanics that the caucus pays only lip service to Hispanic issues while focusing on black priorities. The problem, according to DeToro, is not in the passage or formulation of legislation—he believes black and Hispanic legislators vote the same way 95 percent of the time—but in overseeing the expenditure of resources. Very few Hispanic groups have received funds to carry out state-supported social service programs such as on teen pregnancies, housing for the homeless and foster care, says DeToro.

"The caucus is the major advocacy group for poor people," he says. "The feeling is that they're doing good work for black needs but Hispanic needs are not being tended to."

While the caucus has done much to increase black employment in the upper levels of state government, it has not paid the same attention to Hispanic employment, according to DeToro. Over a 10-year period beginning in 1975, the caucus was instrumental in increasing black employment in both appointed and Civil Service state jobs from 3 percent to 12 percent, through affirmative action programs, he says. Hispanic employment, on the other hand, declined from 3 percent to 2.2 percent in the same period, according to DeToro.

One upper-level Hispanic state employee active in Hispanic affairs, who asked not to be identified, claims that black legislators have been reluctant to have Hispanics take over jobs formerly held by blacks when they become vacant.

Angelo Falcone, who heads the Institute for Puerto Rican Policy in New York, a non-profit agency to advocate for Puerto Rican priorities, notes that the split between black and Hispanic legislators even extends back to the last presidential election. While most caucus blacks supported Jesse Jackson (whose New York campaign was headed by two of them), Hispanics tended to favor Walter Mondale.

Two other areas of conflict cited by Damaso Seda, president of the New York State chapter of the Labor Council for Latin American Advancement, AFL-CIO, were the lack of support by the caucus' black leadership for bilingual education and the refusal of black

legislators four years ago to admit a Brooklyn assemblyman of Spanish and Italian ancestry to the caucus. Hispanics had wanted to include the assemblyman, Vito Lopez, saying he had a large Hispanic constituency, but the black members didn't consider him Hispanic.

But even among the four Hispanic assembly members and one senator, there is no cohesion, says Falcone, who claims the caucus "hasn't been effective at all."

"Based on past performance, the caucus (has) not made the plight of Hispanic people better in any significant numbers," says Seda, who suggests that Hispanic needs can only be met through the creation of a separate Hispanic organization.

Eve, for one, doesn't seem to mind the proposition, saying the black caucus members could be equally effective on their own.

In fact, the Assembly speaker this year created a Hispanic task force to study and make recommendations on improving the plight of Hispanics in the state—the result of state and city reports showing Hispanics were lagging behind other groups in social and economic development. The task force will be headed by Assemblyman Hector Diaz and will include any assembly member who has at least a 15 percent Hispanic constituency.

Falcone believes the caucus' image has been tarnished by the lack of cohesion, the split over the New York City mayoral race and the problems faced earlier this year by Assembly members Albert Vann and Roger Green, both of whom were forced off the Democratic ballots when their nominating petitions were challenged.

"They (the caucus) do a lot of yelling around minority issues but they don't seem to have the clout that they should," says Falcone. "They don't have the numbers or influence to get bills passed. There are no major players."

Falcone calls Eve the most active among the legislators in terms of moving bills and obtaining funds for minority causes, but says Eve is not taken seriously even by his fellow blacks, because he is perceived as too "strident and nationalistic."

Eve's chief of staff, Norman McConney, says Eve's problem is "he's constantly making motions and it does not necessarily endear him to be loved by everyone."

McConney attributes some of the schism between caucus members to generational differences. "Arthur came from the fiery era of the '50s and '60s. The newer members come out of a more sophisticated approach—of working within the system," he says.

However, people close to the caucus also cite Eve's increasing religious dogmatism as a reason why he isn't always taken seriously. A self-proclaimed born-again Christian, he has been known to introduce the bible into debates on the Assembly floor, and spent a good portion of this interview quoting from the Bible.

Eve doesn't deny the central role religion has come to play in his life, noting, "I used to believe in doing things that were politically and morally right. Now I do things because they are spiritually correct."

According to McConney, the caucus' power is diminished by the lack of lobbyists or pressure groups agitating for minority issues. The caucus is thus forced to both "throw the bricks and do the negotiating," he says. In the case of other interest groups, such as women, the pressure on government originates from outside, and then sympathetic legislators respond and negotiate, McConney points out. But he says the minorities who rallied vocally in the 1970s are long gone, and today most have succumbed to a sense of hopelessness and complacency.

## SPEAKING OUT

Despite the criticisms, the caucus remains in many cases the only group in Albany to speak out on issues of racism and social policy. The verdict in the trial of New York City subway vigilante Bernhard Goetz; the assault by a gang of whites on a black in Howard Beach, Queens; and Correctional Services Commissioner Thomas Coughlin's declaration a few years ago that blacks and Hispanics were responsible for all the state's crimes all drew heated denunciations at caucus press conferences. In 1985, when 10 Hispanic and black state workers arrested on drug charges were suspended or fired from their jobs before being tried, the caucus criticized the governor and his criminal justice coordinator for "selective enforcement" of the law.

Caucus Chairman Roger Green of Brooklyn says caucus statements are usually followed up with action. In the case of Howard Beach, he personally in-



Arthur Eve (left) often creates waves with his outspoken manner, while Farrell (right) was in the center of a confrontation between black and Hispanic caucus members during the 1985 New York City mayoral race.

tervened to have Cuomo appoint a special prosecutor, and the caucus penned an anti-bias bill, which increases the penalties for crimes motivated by hatred (which, incidentally, failed to pass last session).

But nobody in Albany really scrutinizes the caucus' followup, according to Falcone, Cooper and others, who admit that they are equally to blame for that. The black newspapers that do care don't have Albany correspondents, Cooper notes.

"They (legislators) are elected,

they're sent to Albany and they run around and do whatever they choose to do out of sight of the constituency," says Cooper. "... Unless it's a scandal... the white press pays absolutely no attention to what these guys are doing."

The caucus doesn't prepare a list of priorities at the start of a session, according to White, who says one would have to examine the adopted state budget at the end to measure its success in a given year. One way to do that is by comparing the state's adopted spending plan with the "People's Budget" prepared annually by Eve, which enumerates the caucus' priorities for minority-related items. For example, on the plus side this year, education saw a requested \$11 million increase for an Adolescent Vocational Exploration Program, and a \$5 million hike for Minority Access to the Professions programs. Not funded was a \$25 million capital improvement plan for New York City school buildings, a \$22.5 million peer tutoring program and a \$9 million school

guidance and counseling program. In economic development, the most significant gain was a \$3.5 million appropriation for a revolving loan fund to minority businesses but a small business trust fund for \$10 million failed to get funding. In housing, a request for \$14 million to modernize state-financed public housing yielded \$9 million, but a requested \$20 million to start a community loan fund was defeated. In health, prenatal care got \$6 million of a requested \$30 million, but not funded was an \$8 million request for tuberculosis screening and control.

McConney notes that the people's budget, first created four years ago, was intended "to be on the offensive rather than reacting," and while this year's achievements were not as great as the previous year's, some strides were made in formerly untouched areas.

A major victory this year was having \$320 million of the state's newly discovered \$850 million surplus allocated for low-income housing.

Caucus priorities that didn't carry a price tag but went down to defeat were an affirmative action bill for state capital construction projects, a bill to divest the state's pension fund from holdings in South Africa (which has failed to win Senate approval for seven years) and the anti-bias bill for racially motivated crimes. Approved were a bill for alternatives to incarceration for maximum security inmates, a bill to expand the criteria for the awarding of state scholarships beyond just standardized test scores and the establishment of a commission to examine bias in standardized testing.

Caucus members were divided over a \$4.5 billion tax cut, with those legislators opposed to it claiming the funds would be better spent on social programs. Only three black Assembly members voted against it in the end, however. Those who supported the tax cut, such as DeToro, argued that the compromise finally reached through Miller's efforts worked out in the best interests of lower- and middle-income people.

The caucus this year responded to a report on minority school dropouts, issued by the State University of New York's African American Institute, by holding meetings with representatives from the New York City and state education departments and others.

But as to what about the caucus has in enforcing these recommendations,

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**DelToro (left) says "you can't get to the Puerto Rican community until you (resolve) the strains within the black community." Here, he meets with Assemblymen Eve, Diaz and Rivera.**

Carol White says, "I think all of the people we've been talking with are people of good will. We are all about being certain that the educational system in the state educates the children."

Both Hazel Dukes, who heads the New York State chapter of the NAACP, and Dr. Frank Pogue, vice-chancellor at the State University of New York, lauded the caucus for representing issues that affect all New Yorkers, and not just minorities. Dukes says the NAACP had worked with the caucus on implementing legislation changing the distribution of aid to school districts and on criminal justice issues—issues which are economic but not strictly racially defined.

"They (the caucus) do have the numbers when they can pick up white votes," she says. "(But) they do have to bargain with them."

Green claims that caucus members have been among the most "creative"

in Albany by developing programs to benefit the larger society and not just their constituents. "But there are times when it's also necessary for us to be a voice for our constituency," he says.

On the internal politics of the caucus, he says it was wrong to expect the caucus to be any more monolithic than any other group, and that internal competition was natural.

"There are differences of opinion. Sometimes it's on substance and sometimes it's just on strategy," he says. "But nobody's going to disagree on the base issues."

An example of the difference over strategy cropped up after Green was quoted in a newspaper saying he was pleased to start off the next session with \$320 million for low-income housing. One legislative aide involved with the caucus grumbled that the statement would give the impression "we're starting out way ahead of the game" instead of as "the underdog."

Green says while there is an amazing degree of coalescence on issues of public policy, the problems tend to crop up in the political arena. However, referring to the clash over the 1985 New York City elections, he says he believes crucial lessons had been learned, and blacks and Hispanics are increasingly

supporting one another's candidacies.

Green observes that the role of the caucus has undergone substantial changes since its inception in the 1960s, during the Civil Rights movement, when the goal was to establish civil laws for protection of minorities.

"My sense is that the struggle is different now," he says. "We're 13 years away from the next century. In many of the urban centers of the state, we're fast becoming not the minority but the majority. But we still suffer in the economic sphere."

The caucus' mission, therefore, is to work toward full employment, decent health care and housing, rather than just civil rights, Green says.

Eve, for his part, contends that black people are worse off today in every way than at any other time in the 21 years he's been in the Assembly.

According to McConney, the caucus' ultimate effectiveness will depend on the extent to which minority communities begin to take the lead again.

"Ultimately the community has to become the real vocal forum for itself," says McConney. "The caucus is just like a thumb in the dike." ■

*Rehka Basu is a journalist living in Albany.*